

# Stigma, Shame and Belonging

Messages about Alcoholism in a Church Community

Rebecca Carp  
Thesis, Autumn 2013  
Diaconia University of Applied Sciences  
Degree Program in Social Services  
Bachelor of Social Services (UAS) +  
Option in Diaconia

## ABSTRACT

Rebecca Carp. Stigma, Shame and Belonging: Messages about Alcoholism in a Church Community. Helsinki, Autumn 2013, 46 p., 1 appendix.

Diakonia University of Applied Sciences, Degree Program in Social Services, Option in Diaconia.

The aim of this study was to answer the question, “What messages might a person struggling with alcoholism and its associated shame receive about her place and her value in the International Evangelical Church community?” The research was constructed on a four-part conceptual model of stigma, supplemented by psychological and theological perspectives of shame. Data was gathered from formal and informal leaders of the church using semi-structured interviews based on the vignette technique, which was analysed deductively; additional data in response to a Bible verse was analysed inductively. The main results found that stigma proper cannot be substantiated due to a lack of evidence for separation into “us” and “them” groups; however, strong components of stereotypes and status loss exist, and a propensity toward devaluation based on rumour. Concerns for the reputation and safety of the church and its members were cited as reasons. Idealistic language indicated a strong desire to respond to the dilemma of alcoholic members with respect, support and openness to talk. Data from the Bible verse yielded some themes that could create shame or anxiety, so an interpretation of the passage as a model of intervention was suggested.

Key words: Alcoholism, Shame, Stigma, Church, Christianity, Qualitative Research, Vignettes

## TABLE OF CONTENTS

<b>1 BACKGROUND OF THE STUDY .....</b>	<b>5</b>
<b>2 STIGMA, SHAME AND ADDICTION.....</b>	<b>6</b>
<b>2.1 The Anatomy of Stigma .....</b>	<b>6</b>
2.1.1 Labels .....	7
2.1.2 Stereotypes .....	8
2.1.3 Separation .....	9
2.1.4 Status loss .....	10
<b>2.2 Stigma-consciousness and self-stigma .....</b>	<b>11</b>
<b>2.3 A Look at Shame .....</b>	<b>12</b>
2.3.1 Normal shame and guilt .....	12
2.3.2 Shame and social control .....	13
2.3.3 Chronic shame and self-stigma .....	14
2.3.4 The shame / addiction cycle.....	15
<b>2.4 Shame and Belonging: A Theological Perspective .....</b>	<b>16</b>
<b>3 IMPLEMENTATION OF THE RESEARCH.....</b>	<b>18</b>
<b>3.1 Aim of the Research .....</b>	<b>18</b>
<b>3.2 Target Group Selection.....</b>	<b>18</b>
<b>3.3 The Vignette Technique .....</b>	<b>19</b>
3.3.1 Advantages, limitations and validity .....	19
3.3.2 Composition of the vignettes .....	20
<b>3.4 I Corinthians 5:11-13 .....</b>	<b>22</b>
<b>3.5 Method of Analysis .....</b>	<b>23</b>
<b>4 RESULTS AND DISCUSSION .....</b>	<b>24</b>
<b>4.1 Labels.....</b>	<b>24</b>
4.1.1 Subjects' use of labels .....	24
4.1.2 Treatment of "rumoured" label .....	24
<b>4.2 Stereotypes.....</b>	<b>27</b>
4.2.1 Indicative language .....	27
4.2.2 Contraindicative language.....	30
<b>4.3 Separation .....</b>	<b>30</b>
4.3.1 Indicative language .....	30

4.3.2 Contraindicative language.....	31
<b>4.4 Status Loss .....</b>	<b>31</b>
4.4.1 Indicative language .....	31
4.4.2 Contraindicative language.....	34
<b>4.5 Reality and Ideals .....</b>	<b>34</b>
4.5.1 Reality.....	34
4.5.2 Ideals .....	35
<b>4.6 I Corinthians 5:11-13 .....</b>	<b>37</b>
4.6.1 Four separate themes .....	37
4.6.2 A model for intervention.....	39
<b>5 CONCLUSION .....</b>	<b>40</b>
<b>6 PERSONAL REFLECTION .....</b>	<b>41</b>
<b>REFERENCES .....</b>	<b>42</b>
<b>APPENDIX 1 .....</b>	<b>45</b>

## 1 BACKGROUND OF THE STUDY

*Nobody knows about my alcoholism. I don't want to run into people from the church and get stigmatized forever. – Anonymous*

This research was inspired by a failure. My original thesis was to be based on an internship project conducted at the International Evangelical Church (IEC), a multicultural, interdenominational church comprising over sixty nationalities in three local congregations – it also happens to be my home church. For the project, I worked with the IEC staff to start a peer support group for women struggling with alcoholism. One of the pastors had been privately counselling five to ten female “closet-drinkers” in the church who were suitable candidates, and he acted as my gatekeeper to the target group. After some weeks of preparation that included multiple advertisements and announcements, informational materials about addiction for the congregation, and personal contact between the pastor and the women in the target group, it was time for the meetings to start. And not one of them showed up.

I accounted for the lack of communication and errors in judgment that contributed to the failure of the project, but I could not help wondering if it wasn't also a failure of our church culture. As part of the project evaluation, I received four anonymous responses to questionnaires I'd passed along to the target group; the quote at the beginning of this introduction is from one of them. The women related their reasons for avoiding the group in the language of fear, shame and mistrust.

Kent Dunnington writes in his excellent book, *Addiction and Virtue*, “Addiction is in fact a kind of embodied cultural critique of modernity and the addict a kind of unwitting modern prophet. The church has a great stake in listening to such unwitting prophets. If the church will listen, it will be led to an examination of how its own culture contributes to the production of addiction, whether it offers an alternative culture and what such an alternative culture would require” (Dunnington 2011.) In my original thesis plan, I had hoped to give addiction a voice in the church, but since none of the women would risk the exposure of face-to-face interviews, I turned instead to look at the environment in which they felt compelled to hide.

For a person struggling with alcoholism and its attendant shame, what kind of messages – overt or subtle, intentional or unintentional - might she receive about her place and her value in the church community? The immediate goal of this study was to answer this question; not with the aim of justifying the fears of the anonymous woman quoted above, but with the hope of provoking a conversation about what kind of church we need to be to effectively deal with the brokenness of people.

## 2 STIGMA, SHAME AND ADDICTION

We will begin laying the theoretical foundation for the research by examining the anatomy of stigma, and how it has been connected in previous literature to alcohol and other substance use disorders. We will then link stigma to the phenomenon of shame. Although this research inquires after stigma rather than shame, shame and its relationship with addiction needs to be considered in order to understand why the question of stigma is important in the context of alcoholism. Finally, we will look at shame and stigma from a theological perspective.

### 2.1 The Anatomy of Stigma

In ancient Greece, *stigma* referred to a mark that was cut or burned into the body of immoral or undesirable people such as criminals, slaves or traitors, with the intention of warning others away from the pollution of social contact. Since then, the term has come to refer more to the disgraceful trait than a physical mark. (Goffman 1986, 1.)

Stigma became a serious subject of social research with the first publication of Erving Goffman's *Stigma: Notes on the Management of Spoiled Identity* in 1963. In it, he describes stigma as “an attribute that is deeply discrediting” that reduces the bearer “from a whole and usual person to a tainted, discounted one,” the attributes being of three main types: physical deformities, corruptions of character, and ethnic affiliations (Goffman 1986, 3-4). Since then, investigators have approached the definition of stigma from various angles according to their different disciplines. For the purpose of this

study, we will use the conceptual model developed by Link and Phelan, which clarifies stigma as the convergence of four interrelated components: labels, stereotypes, separation and status loss. One or more of these components may actively affect a person's experience, but all four must be present to properly constitute stigma. (Link and Phelan 2001.)

### 2.1.1 Labels

The first component of stigma is the identification and labelling of human differences. Almost all differences between people - such as the digits in their phone numbers, their favourite colours or their brand of socks - are considered so trivial that they are generally ignored. Some differences, like food allergies, may be pertinent in a few situations, but are judged unimportant overall. However, certain differences between people are socially selected as highly relevant; gender, sexual orientation and skin colour are a few that matter in our current cultural context. When people are identified as possessing a socially important difference, a label is applied: man or woman, gay or straight, black or white. These labels effectively create different groups. (Link and Phelan 2001.)

There are two salient issues regarding the affixation of labels: oversimplification and cultural relevance. In order to create groups the qualifying characteristics are usually oversimplified. For example, even within the loosely defined categories of "black" and "white" there is great diversity, as well as vast numbers of people of mixed ethnicity who can claim membership in both groups. (Link and Phelan 2001.) Likewise, the difference between "alcoholic" and "non-alcoholic" cannot be clearly delineated, with different diagnostic standards attempting to parse the broad spectrum of behaviours between abstinence, alcohol use, alcohol abuse, and alcohol dependence.

In addition, the cultural relevance of human differences and the resulting labels vary drastically according to time and place (Link and Phelan 2001). At the height of the temperance movement, the Biblical label of "drunkard" carried a moral force which has been somewhat alleviated by the contemporary, medicalized label of "alcoholic" (Dunnington 2011). It should also be noted that the disease model of alcoholism, with its increasingly fine-tuned definitions and methods of diagnosis, is able to label people as alcoholic whom previous generations would not have identified as such. This

highlights the idea that a label is something that is externally affixed as a result of social processes, rather than an inherent characteristic of the bearer (Link and Phelan 2001).

### 2.1.2 Stereotypes

The second component of stigma occurs when a label links a person to a set of negative attributes that form a *stereotype*. Stereotypes have been the focus of much social research regarding stigma. Link and Phelan cite a study as an example of how stereotypes operate: respondents were asked to evaluate a vignette character that was randomly assigned the label “former mental patient” or “former back-pain patient.” Although the characters were identical, the respondents were far more likely to reject the “former mental patient” as potentially dangerous, whereas the “former back-pain patient” was not rejected as dangerous. This demonstrates a connection between the label “former mental patient” and the stereotype “dangerous.” (Link and Phelan 2001.)

An interesting aspect of stereotypes is that they often seem to operate outside the purview of conscious awareness and discursive reasoning. The literature indicates that this is a hard-wired function of human psychology that allows people to use their cognitive abilities more efficiently. It enables them to draw on a subconscious reservoir of experientially and culturally informed knowledge in order to make snap judgements so they can simultaneously attend to other matters. In other words, stereotypes are automatic mental shortcuts that help people preserve their limited brainpower by providing an instant appraisal of a labelled other, without the investment of time and energy necessary to know them. (Link and Phelan 2001.) This automatic psychological functioning suggests that the presence of stereotypes is not necessarily a result of malice, but rather a combination of innate psychology and unexamined cultural biases.

Some common stereotypes associated with the label “alcoholic” are that of being unpredictable, dangerous, irresponsible, of corrupt character, and morally culpable for one’s condition (Crisp, Gelder, Rix, Meltzer and Rowlands 2000). This provides a striking comparison to the results of a United States study published in 2007, which found five distinct subtypes among 1,484 subjects who met the diagnostic standard for alcohol dependence. Of those, the largest (31.5%) was young adult drinkers, who had low rates of family alcoholism, other drug use and mental health issues, and who rarely



sought help for their drinking. Another 19.5%, considered high functioning, were middle-aged, well educated, with stable jobs and families. Only 9% of alcoholics met the worst stereotypes, having high rates of criminality, drug abuse, psychiatric disorders, and family histories of alcoholism. This latter subtype is most prevalent and subsequently most visible in treatment programs. (National Institute on Alcohol Abuse and Alcoholism 2007.)

### 2.1.3 Separation

The third component of stigma takes place when labels and stereotypes indicate a separation of groups into “us” and “them.” This is accomplished quite smoothly since the label and its negative connotations already provide a reason for believing that labelled persons are of a fundamentally different type from those who don’t share their label. (Link and Phelan 2001.)

The separation of “us” from “them” can be extreme, as in apartheid, or very subtle. Research indicates that those who completely abstain from alcohol have higher levels of perceived stigma and are the least likely to have close contact with those who have alcohol problems (Glass, Kristjansson and Bucholz 2013). In a church setting, the separation of “alcoholics” from “non-alcoholics” may best be illustrated by what is called the “AA in the basement strategy.” Historically, the most common way that churches have supported their alcoholic parishioners has been to allow outside organizations, like Alcoholics Anonymous, to use space in their facilities during slow hours. (National Association for Christian Recovery.) In this strategy, the needs of alcoholic members for recovery and personal transformation are effectively separated and outsourced where they are dealt with away from the face of the congregation. The intention of these churches is certainly benign, nevertheless, an “us” and “them” dynamic may be established. In many cases, those with addictions may prefer this approach due to fear of hurtful attitudes and prejudice amongst their fellow churchgoers.

According to Link and Phelan, a final evidence of the separation of groups can be found in the way some people use language. A member of a “them” group is often said to *be* the thing they are labelled; they *are* a schizophrenic or an alcoholic. A member of an “us” group is thought to be a person like the rest of us, who may *have* a condition;

someone *has* a cold or diabetes or arthritis. (Link and Phelan 2001.) This could be why current academic literature seems to favour “alcohol use disorder” over “alcoholism,” as it is impossible to turn it into a subjective label.

#### 2.1.4 Status loss

The final component of stigma is the loss of status. While status is readily apparent in formal groups and organizations via hierarchical charts and titles denoting authority, research shows that unspoken status hierarchies form fairly quickly even in unfamiliar, informal groups. This research shows that external status like sex and skin colour primarily inform the expectations and behaviour of groups who were previously unacquainted. Men and whites talk more frequently, their ideas are more easily accepted, and they are more likely to gain power and respect than women and blacks, even though sex and skin colour were irrelevant to the task the test groups were asked to perform. (Mullen, Salas and Driskell 1989.) This provides evidence that bearing a socially devalued label leads to loss of status in the context of small group social interactions. In addition, the loss of status cannot be located in any overt acts of discrimination; instead, external status creates performance expectations for those bearing both valued and devalued labels, leading to minute and intricate behavioural differences. The subtle nature of status loss explains why test group subjects cannot explain their unequal outcomes in terms of any single event. (Link and Phelan 2001.) The obvious implication for this study is that group members who are labelled as alcoholic will likely find themselves the objects of lowered expectations, devaluation and marginalization.

Labels, stereotypes, separation and status loss operate on stigmatized persons in two overlapping spheres: social and psychological. Socially, stigma leads to inconspicuous (or sometimes flagrant) discrimination from others and a loss of life chances. Stigmatized people are less desirable to befriend, include in community activities, or involve in business and political efforts. Thus, discrimination has a domino effect, with reduced opportunities leading to further loss of status and more discrimination.

Psychologically, the mere consciousness of public stigma often leads to denial, compromised social relations and the loss of status in one’s own eyes (Link and Phelan

2001). In our next section we'll examine the effects of stigma-consciousness and self-stigma.

## 2.2 Stigma-consciousness and self-stigma

Perhaps one of the most important things to note about stigma is that it can have deleterious consequences even when the stigmatized person has met with no actual incidents of external stereotyping or discrimination. "*Self-stigma* is a process where the negative evaluations associated with public stigma are incorporated into one's sense of self" (Glass et al 2013). The process begins early in life with *stigma-consciousness*. In the case of alcoholism, a young person will assimilate concepts of what it means to be a "drunk" or "alcoholic" as part of his or her social development. They will then form beliefs about whether others devalue alcoholics as unreliable, base or dangerous, and what kind of reception an alcoholic can expect as a friend, business associate or intimate partner. If such a person develops alcohol dependency, these beliefs become painfully relevant, as they now apply to them personally and the possibilities of devaluation and rejection become immediate. (Link and Phelan 2001.)

Many of the strategies employed to cope with stigma-consciousness can have a serious negative impact on a person's quality of life. A person fearing stigmatization may be withdrawn or more defensive in social situations, or they may avoid potentially threatening contacts completely, making relationships superficial, stressful or awkward. Limited social networks can then lead to low self-esteem, symptoms of depression, and even reduced income and unemployment. (Link and Phelan 2001.) For those dependent on alcohol or other drugs, stigma-consciousness is positively correlated with a decreased likelihood to seek treatment (Keyes, Hatzenbuehler, McLaughlin, Link, Olfson, Grant and Hasin 2010), and leads to higher rates of concealment and secrecy. Interestingly, research has shown that religious individuals with substance use disorders are even more inclined towards concealment and secrecy (Palamar 2011).

Self-stigma is said to occur when the socialization process of stigma-consciousness leads a person "to agree that he does indeed fall short of what he really ought to be. Shame becomes a central possibility, arising from the individual's perception of one of

his own attributes as being a defiling thing to possess ... self-hate and self-derogation can also occur when only he and a mirror are about.” (Goffman 1986, 7.)

In the context of drug and alcohol counselling, stigma is most often described as an experience of shame (Gray 2010). In our next section we will examine shame, its connection to stigma, and its significance to alcoholism and other addictions.

### 2.3 A Look at Shame

The first thing we need to acknowledge about shame is that it resists examination. It is universally human yet culturally unique; it is both public and profoundly personal. In its healthy form it strengthens relationships; in its toxic form it can cripple individuals, groups and whole societies. It is everywhere, informing every human interaction, yet it is under the surface. The essence of shame is to avoid exposure; it begs us to avert our eyes. The complex, hidden nature of shame is a main reason why a standard definition has yet to be acknowledged. However, it can safely be said that, “Shame is fundamentally about exposure of a flawed self...” (Wiechelt 2007).

Some expressions of shame from a phenomenological perspective would be: “a feeling of being dirty, defiled and unwanted; something I want hidden surfacing; a sense of unworthiness and badness because of something that I’ve done; wanting not to be seen; not being good enough; being wrong without knowing why” (Pattison 2000, 70).

#### 2.3.1 Normal shame and guilt

In recent decades much investigation has been made into the psychology of shame. According to affect theory, the capacity for shame is part of our biological systems. It is an auxiliary emotion that serves a pro-social function of inhibiting inappropriate or excessive desires (Potter-Efron 2002, p. 14-15), therefore creating respectful boundaries around people, institutions, values, ideals and behaviours. This type of shame, called *discretion shame*, is considered healthy and socially beneficial. Discretion shame is generally not experienced as an emotional event, but something more like an attitude or quality of character. *Acute reactive shame* is the painful yet transitory feeling of

exposure that alerts a person when boundaries have been transgressed, and impels him to “get back in line.” (Pattison 2000, 83-84.)

Here it is important to underline the social nature of shame: although the capacity for shame may be biological, the contents of shame are provided by social context and vary according to time and place. As with stigma-consciousness, we are socialized from our earliest childhood to know what is shameful for us and for others in our respective social roles, in our particular culture. (Pattison 2000.)

This social aspect also underlies the seemingly contagious character of shame, a sort of “shame by association,” which explains the tendency to be ashamed by or on behalf of another when we ourselves are free of shameful acts or traits. The contagious nature of shame may compel people to distance themselves by exposing and shunning those who are shamed, ignoring a shameful incident as if it didn’t happen, turning their attention away and “not seeing” expressed feelings of shame, or treating the shamed person himself as if he were invisible. Alternately, in the case of close relationships and family systems, those connected to the shamed person may avoid “shame by association” with secrecy and concealment. (Pattison 2000.)

Shame is easily conflated with guilt, and can best be distinguished in the respective experiences of failure, primary response and action tendency. A person who feels guilt will feel they have failed in *doing*; the locus of attention is his misdeed, and the damage is done to his sense of moral agency: “I have done a bad thing.” A person who feels shame will feel they have failed at *being*; the locus of attention is his sense of self, and the damage is done to his total identity: “I am a bad person.” The primary response of guilt can be very painful but it tends to be more mental than physical. In contrast, a person who is ashamed often exhibits a strong mental and bodily response; their face may turn red, they may lower their eyes or hang their head, and feel that they are shrinking in on themselves. Lastly, a person motivated by guilt will tend to take action towards amends, whereas shame compels a person to hide. (Potter-Efron 2002, 3-6.)

### 2.3.2 Shame and social control

Shame is often evoked as a means of social control (Pattison 2000, 147-151), for example, publishing names and photos of drunk-driving offenders in the newspaper. In

fact, this provides a parallel example of the way in which stigma is used as a culturally approved tool to marginalize undesirable behaviours and devalue social groups (Livingston, Milne, Fang and Amari 2011). When shame is stigmatizing it can be hard-hearted and punitive. “Stigmatization is disintegrative shaming in which no effort is made to reconcile the offender with the community. The offender is outcast, her deviance is allowed to become a master status...” (Braithwaite 1989, 101).

When shaming is done with the intention of rehabilitating the offender back into society, it is called *reintegrative shame*. This intentional shaming is a type of restorative justice most often seen in aboriginal communities; perhaps the most notable contemporary example would be the activities of the Truth and Reconciliation Commission in post-Apartheid South Africa. Reintegrative shame attempts to prevent and punish unacceptable behaviour through the face-to-face power of shame, using social rather than legal means. Reintegrative shaming is an acknowledged practice, of limited duration, and must be followed by rituals of forgiveness, reconciliation and welcome. The aim is to avoid stigmatization of the offender, thereby impeding the establishment of a deviant identity. (Pattison 2000, 147-151.)

### 2.3.3 Chronic shame and self-stigma

“Shame as a healthy emotion can be transformed into shame as a state of being. As a state of being, shame takes over one’s whole identity. To have shame as an identity is to believe that one’s being is flawed, that one is defective as a human being. Once shame is transformed into an identity, it becomes toxic and dehumanizing.” (Bradshaw 2005, xvii.) Pattison suggests that chronic shame (also called toxic or internalized shame) may result from any objectifying, rejecting or invasive experience that evokes feelings of worthlessness, abandonment or alienation, especially if the experience is traumatic, long or repeated. Sexual assault, domestic abuse and incarceration are a few examples. However, most literature locates the origins of chronic shame in the formative years of childhood, adolescence and early adulthood, as shaming messages from one’s family, peer group and wider culture are internalized. (Pattison 2000, 95-109.)

The similarities between internalized shame and self-stigma hardly need to be pointed out. In both processes, the external message communicating, “You are not good / not good enough,” becomes an internal awareness, “They do not think I am good / good

enough,” and ends with an internal agreement, “I am not good / not good enough.” Self-stigma could be posited as a subtype under the broader umbrella of internalized shame, which specifically stems from the possession of certain socially undesirable traits.

#### 2.3.4 The shame / addiction cycle

It is difficult to overstate the consequences of chronic shame for those struggling with alcoholism or other addictions. Gershen Kaufman lists addiction as one of eight classes of compulsive syndromes bound by shame: “Addictions are rooted in internalized scenes of shame...” and the process of addiction begins when the person seeks a sedative to relieve feelings of fear, grief and inadequacy (Kaufman 1996, 122-126).

There is a growing body of empirical evidence linking shame to the development and maintenance of alcoholism and other addictions. Research indicates that those with higher levels of shame are more likely to become addicted (Wells, Bruss and Katrin 1998), and that those with substance use disorders have higher levels of shame than the general population, including people with other mental health issues (O’Connor, Berry, Inaba, Weiss and Morrison 1994). Shame-prone children have been found more likely to use drugs by age 18 than their less shame-prone peers (Tangney and Dearing 2002, 97); and high levels of shame have been positively correlated with relapse in women attending Alcoholics Anonymous (Wiechelt and Sales 2001). Finally, increased feelings of shame displayed by members of Alcoholics Anonymous regarding their past drinking can predict the tendency to relapse, the severity of relapse, and an overall decline in health (Randles and Tracy 2013).

Shame not only contributes to the origin of alcoholism, but is one of its outcomes. A negative feedback loop begins once a person starts using alcohol to relieve the pain of internalized shame. As addiction develops, the person feels increasing humiliation at their loss of control and a heightened awareness of their inadequacies. Stigma and self-stigmatization can add to the burden of shame, resulting in renewed attempts at sedation, further loss of control, further disgrace, and an even greater need for sedation. This pattern is known as the shame / addiction cycle. (Wiechelt 2007.)

## 2.4 Shame and Belonging: A Theological Perspective

Shame is a prominent theme in the Biblical narratives, promptly making its first appearance in the Genesis account of creation. In Genesis 2 we learn that a primary characteristic of the paradisiacal man and woman, made in God's image, is that they were naked and unashamed. The significance of this statement is found in an understanding of what it means to be made in God's image.

Trinitarian theology tells us that God is a diversity of persons – Father, Son and Holy Spirit – who exist in dynamic relationships of mutual love and perfect unity. This threefold image is mirrored in the creation story when God discommends the “aloneness” of the first human, and separates from his being a companion, with the intention that a third life should proceed from the reuniting of their complementary natures. That Adam and Eve beheld each other naked and felt no shame symbolizes humanity's ideal state of being, embedded in open, loving, interdependent relationships.

The first effect of sin is the entrance of shame. Adam and Eve are compelled to conceal their nakedness from each other, and hide themselves from God among the trees. When questioned by God about their transgression, they shift the incriminating spotlight away from themselves by blaming others. According to the Genesis account, shame is the primal symptom of relationships broken by the distorting effect of sin.

Dietrich Bonhoeffer wrote: “Shame only exists as a result of the knowledge of the division of man...Shame is the expression of the fact that we no longer accept the other person as a gift from God...When one accepts the other as the companion given to him by God, where he is content with understanding himself as beginning from and ending in the other and in belonging to him, man is not ashamed. In the unity of unbroken obedience man is naked in the presence of man, uncovered, revealing both body and soul, and yet is not ashamed. Shame only comes into existence in the world of division.” (Bonhoeffer 1959, 63.)

Apart from brief treatments by Bonhoeffer and a handful of others, shame has been much neglected by the Western church and a robust theology has yet to be developed. A reason for this oversight may be found in the vast cultural contrast between contemporary Western reality and that of the ancient Near East. Our era, marked by



epidemic individualism, has preferred to expand on the grammar of guilt and forgiveness rather than that of shame and restoration. (Stockitt 2012.)

Guilt-focused theology tends to collapse the broader concept of sin and its damaging effects on the total human identity into simple definitions of unlawful trespass that emphasize the sinner's moral agency ("You have done a bad thing"). Guilt is more amenable to individual solutions found in legal metaphors and doctrines of justification; however, such legal language does little to address shame's deep sense of defectiveness and insufficiency ("I am a bad person"), and may even make it worse. Restoration from shame can only be sought in the gritty and often painful work of forging wholeness in reconciled relationships with God and the human community. (Stockitt 2012.)

The Biblical narratives do not describe an individual psychology of shame apart from its social context. The experience of shame was inextricably linked to insignificance, alienation, abandonment, and exile from one's family, tribe and the nation of Israel. At the other end of the spectrum lay acceptance, participation, influence and honour. Jesus was born into a culture that dreaded shame as an existential threat, treated it as a contagion, and reacted by fiercely competing for honour and the right to belong. (Stockitt 2012.)

The collateral damage of this competition lined the periphery of public life: the barren, orphans and widows; lepers, the lame, sick and blind; the mentally ill; tax collectors, sinners and foreigners. These stigmatized remnants were the very "lost sheep of Israel" to whom Jesus scandalously outstretched his hand in fellowship, flouting moral hygiene and reputation, and castigating the loveless decency of the Pharisees. Viewed through the lens of shame, Christ's mission was as much about restoring the shamed to community as it was about forgiving the guilty of sin. (Stockitt 2012.)

### 3 IMPLEMENTATION OF THE RESEARCH

#### 3.1 Aim of the Research

The broader aim of this study is to instigate a conversation about what kind of church is needed to deal effectively with those who suffer from chronic shame, particularly those struggling with addictions. The specific goal of this research was to answer the question: “What messages might a person struggling with alcoholism and its associated shame receive about her place and her value in the IEC church community?”

#### 3.2 Target Group Selection

The interview subjects were taken from the leadership, both formal and informal, of the IEC. Clergy and lay leaders were chosen because those who have been approved for leadership roles are more likely to represent the norms and values of the group in general. Since they hold relative power and responsibility, they are also in a position to structuralize any stigma. Finally, leaders are more likely to have greater influence over the attitudes and opinions of others.

A participatory community research approach was taken to select the informal leaders. Since the staff of the IEC – both clergy and administrators – operate across all three congregations and are familiar with their social structures, they were asked to act as community representatives and identify informal leaders for interview. Informal leaders were defined as “well-established members of their congregations, with strong social connections, who may serve as board members, volunteer organizers, teachers, or in other capacities.” An informal leader was also described as someone who “has influence on the way the church conducts its activities, and is seen as a leader by their peers.” (Smart 2010, 28.)

One of the drawbacks of this approach to target group selection is that community representatives may skew the sample by suggesting only favourites, or people who are closer to them (Goodson and Phillimore 2012, 14). This problem was circumvented by having all five staff members independently draw up lists suggesting five informal

leaders from each of the three congregations, keeping in mind a representative multi-cultural mixture of males and females.

The outcome of this procedure was a pool of twelve female and twenty-three male candidates from various ethnic backgrounds, who were sent notices via email from the church office inviting them to participate in an approved study. All the initial positive responses were from male participants. Further follow up was required to obtain female participation, resulting in a total of twelve interviews with seven male and five female subjects - seven of Finnish background, and five non-Finnish.

Written permission was obtained from the IEC's head pastor to conduct this study. The interviews were recorded as mp3 files, which were deleted after the data was transcribed into text documents. No names or other identifying information was attached to the texts, and documents were destroyed after publication of the thesis. All participants were verbally notified regarding anonymity and data management prior to the interviews, and verbal permissions were obtained.

### 3.3 The Vignette Technique

The data was gathered using a series of six vignettes as a springboard for semi-structured interviews. A vignette is a short, constructed depiction of a person or situation represented by systematic combinations of pertinent independent variables (Atzmuller and Steiner 2010). After considering the vignette, which may be in the form of a picture, text or video, the subject is asked to form an opinion or make a decision. Vignettes have been used for decades in the social and health sciences as a means of eliciting information about attitudes and perceptions (Paddam, Barnes and Langdon 2010).

#### 3.3.1 Advantages, limitations and validity

Some of the advantages of the vignette technique are that it is cost effective and easy to administer; it does not require that participants have in-depth knowledge of the topic being investigated; and it produces more uniform data by enabling all subjects to respond to the same stimulus. Vignettes are also useful for researching issues that would

be impractical or unethical to observe in real life, for example, reactions towards sexual aggression. Further, vignettes are good for investigating sensitive topics; having participants respond from the perspective of a vignette character may reduce the bias toward socially desirable responses. (Hughes and Huby 2001.)

The main criticism of the vignette technique is that it cannot reflect the complexity of everyday life, and therefore has little predictive validity. Some research suggests that vignette responses are similar to real-life responses; however, other research indicates that vignettes are at a disadvantage in provoking the emotions that heavily influence decision-making in many situations. (O'Dell, Crafter, de Abreu and Cline 2012.)

Conversely, some literature argues that the lack of complexity supplies a practical advantage: the selective inclusion of information focuses the research on factors pertinent to the construct being measured, disentangling them from the complications of real life. It can therefore be said that while vignettes may not accurately predict behaviour in certain contexts, they can have high construct validity (Hughes and Huby 2001); in our case, effectively discovering the attitudes towards alcoholism that would normally be conveyed in a communal setting. Hence the vignette technique is sufficient for answering our research question, “What kind of messages might a person struggling with alcoholism receive about her place and value to the group?”

### 3.3.2 Composition of the vignettes

The vignettes were constructed around the two independent variables – called *factors* - most pertinent to our research question: label and sobriety status. Each factor was further divided into subcategories or levels of measurement called *dimensions* (Ganong and Coleman 2006), which were then combined and used as a basis to create for the main character of each vignette, referred to here as the protagonist.

The “label” factor referred to the source of the protagonists’ potential designation, and was given two dimensions: “self-admitted” meant the protagonist confessed to a drinking problem, and “rumoured” meant the protagonist was said or was implied to have a drinking problem by another vignette character. The “sobriety status” factor referred to the protagonists’ drinking or recovery condition. It was given three dimensions: “active drinking,” meant the protagonist was engaged in untreated

alcoholic drinking; “recovery” meant the protagonist was sober and receiving treatment; and “early relapse” meant the protagonist had recently returned to alcoholic drinking after having been in recovery. Exploiting every possible combination of dimensions (2 x 3) produced six different dimension sets, as illustrated in the following table:

Samuel Self-admitted Active drinking	Jon Self-admitted Recovery	David Self-admitted Early relapse
Lydia Rumoured Active drinking	Marie Rumoured Recovery	Joanna Rumoured Early relapse

Scenarios were created for each of the dimension sets (Appendix 1). They were loosely based on a standard Perceived Devaluation and Discrimination (PDD) scale used to measure perceived mental health stigma (Björkman, Svensson and Lundberg 2007). Potentially rejecting situations in the PDD questionnaire were translated into short, church-based sketches featuring one of the dimension sets. For example, the question, “Most employers will pass over the application of a former mental patient in favour of another applicant,” became a scenario in which a member of the church board was considering an employment application from a protagonist who was rumoured to be a recovering alcoholic. Another question, “Most young women would be reluctant to date a man who has been hospitalized for serious mental disorder,” became a scenario in which a self-admitted recovering protagonist was being considered as a potential relationship partner.

Finally, the dimension sets were each assigned a sex (three females and three males), and they were given common Biblical names (i.e. David) that would be least suggestive of ethnicity in an international Christian environment. Other details were minimally added to make the vignettes realistic and relatable. “Us” language was carefully chosen to describe protagonists as “having” a problem in order to avoid negatively biasing the results. The completed vignettes would normally be reviewed by a panel of experts for construct validity (Ganong and Coleman 2006); however, limited resources precluded this option.

The interview subjects were asked to respond to the vignettes from two different perspectives. First, they were asked to assume that the other characters in the vignettes were average churchgoers; they were then asked what each character would do toward the potentially stigmatised protagonist, and why. In this way the interview subjects described their perception of reality in the church environment. Second, the subjects were asked what the vignette characters should do, thus expressing their personal norms and ideals. It should be noted that the subjects did not always seem to understand or respond directly to the questions; sometimes their language indicated that they were speaking about their ideals rather than their perception of reality, or that they were speaking from their own perspective rather than that of the vignette character. These issues were taken into account during analysis.

### 3.4 I Corinthians 5:11-13

After the series of vignettes, the interview subjects were asked to consider and explain the meaning and purpose of the following verses from the Bible, especially as they relate to a person with drinking problems:

*But now I am writing to you that you must not associate with anyone who claims to be a brother or sister but is sexually immoral or greedy, an idolater or slanderer, a drunkard or swindler. Do not even eat with such people. What business is it of mine to judge those outside the church? Are you not to judge those inside? God will judge those outside. "Expel the wicked person from among you." I Cor. 5:11-13, NIV*

The subjects were asked to read the verses in their native language if possible; otherwise, the New International Version (NIV) was used, as that is the version the IEC uses for its lectionary readings during services. In two cases, the King James Version (KJV) was read, however, both the NIV and the KJV share the same meaning and the common English rendering of "drunkard."

This passage was included in the study because it is unarguably the most opprobrious mention of alcohol use in the New Testament. Since the IEC holds the Bible as its "supreme authority in all matters of faith and conduct" (International Evangelical Church in Finland), it is interesting and important to discover the frame of reference

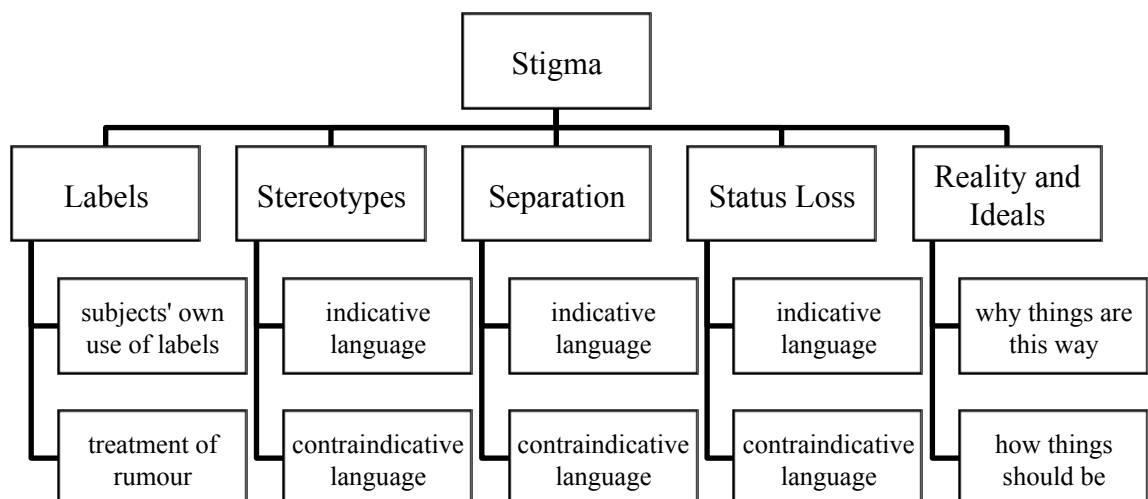
with which those in leadership interpret these verses, and how they may effect attitudes towards those with addiction issues.

### 3.5 Method of Analysis

Both deductive and inductive qualitative content analysis was used to analyse the data. A deductive approach was taken in analysing information gathered from the vignette technique. A coding matrix was created with five main categories; the first four corresponded to the components of stigma and each contained two subcategories. (Elo and Kyngäs 2007.) The “labels” category contained a subcategory for the subjects’ own use of labels, and another for their treatment “rumoured” labels. The other three main categories contained subcategories for indicative and contraindicative content. Indicative content included language that displayed the presence of stereotypes, separation and status loss. Contraindicative content included language that signified a positive denial of stereotypes, separation and status loss, rather than a mere absence of stigmatizing language.

In the first four categories language denoting perceptions of reality and ideals was analysed as a composite. The final main category, “reality and ideals,” contained subcategories separating the subjects’ perceptions of reality – what people would do - from their norms and ideals – what people should do.

The deductive coding matrix is exhibited below:



The responses to I Corinthians 5:11-13 were analysed with a conventional inductive approach. The data was examined for words and phrases that were grouped according to themes, resulting in four main categories that are described in the following section.

## 4 RESULTS AND DISCUSSION

### 4.1 Labels

#### 4.1.1 Subjects' use of labels

The data was examined for the subjects' use of words or phrases that indicated the category or classification of a person with alcohol addiction, revealing sixteen instances of a label being directly applied. Eight of the labels were signified by "us" language; for example, "someone who has a problem with alcohol," or "Jon has had a drinking problem." The remaining eight were expressed as "them" language, such as "recovering alcoholic," and included the one example that might be considered an epithet; "somebody from a church who is a drunk."

Interestingly, thirteen of the sixteen labels were in reference to "self-admitted" vignette protagonists, and only three in reference to "rumoured" protagonists. In the case of "rumoured" protagonists, the interview subjects tended to describe actions rather than persons; for example, "she's drinking a lot," or "she usually gets drunk." They also tended to be more oblique in their references, even when they portrayed the other characters as believing the rumour and treating the protagonists accordingly: "Lydia is a new believer and she is struggling with some things."

#### 4.1.2 Treatment of "rumoured" label

Of the three protagonists bearing the label "rumoured," Lydia (rumoured, active drinking) was being considered as a source of advice; Joanna (rumoured, early relapse) was being considered as a volunteer Sunday school teacher; and Marie (rumoured, recovery) was being considered as a church employee. Since some subjects offered



more than one possible course of action, there were forty-two responses in total. The most prevalent overall response (50%) constituted a rejection of the rumoured protagonist.

Marie (rumoured, recovery) was most likely to be rejected; her job application was not given equal consideration in eight of twelve responses: “She will probably try to hide the details of [the rumour], but say that she has reservations about this applicant”; “It’s difficult to give it an equal consideration, very difficult, the same as a person coming out of prison”; “Of course, the normal answer would be no – how can you hire a person who has problems with alcohol?”

In the case of Lydia (rumoured, active drinking), she was not asked for advice in nine out of fifteen responses: “She would become hesitant and think, maybe should I ask somebody else instead? Maybe she’s not the right person after all”; “I think that [the rumour] doesn’t make her appear so trustworthy as otherwise she would”; “I think if she has alternatives she will look for that... In general people don’t go to such a person as first choice.”

Joanna (rumoured, early relapse) was not allowed to teach Sunday school in four of fifteen responses: “If he is an average churchgoer and he’s responsible for Sunday school, I think he’ll just dismiss Joanna completely”; “If someone has clearly seen her buying alcohol then ... he would probably say no”; “If he is an average churchgoer he might just say no.”

Coming in at a distant second, the next most predominant overall response (19%) was to verify the rumour by asking the protagonist directly. Six out of fifteen made this the most frequent response to Joanna (rumoured, early relapse): “If he is part of the leadership he should confront her and ask the question before allowing her to work with the children”; “He should talk with Joanna, be open, say ‘This is what I heard; is alcohol becoming a problem again?’” “He should confront her to get to the truth, because I think it’s very dangerous to make a decision based on a rumour.”

The third most prevalent overall response (17%) was to speak to others regarding the rumour; in most cases this was seeking the intervention or direction of authority: “If the [hiring] decision is made by the board, they may all consider [the rumour] as well. She has an obligation to tell the board”; “He should pray for the matter, and I think he

should mention about that in the church council”; “They would probably go to speak to [Lydia’s husband] and ask, ‘Is it a problem in your house?’ Or if they were in a home group, they’d probably go to speak to a home group leader...or they would probably go to speak to somebody who’s got influence or the possibility to talk about this.”

Finally, four of fifteen responses to Joanna (rumoured, early relapse) suggested that she would be accepted as a volunteer Sunday school teacher, but viewed with suspicion or anxiety: “I think he should allow her to do the teaching, but also keep an eye if she ever comes there drunk”; “As a regular churchgoer probably he would allow it to happen and not interfere, but feel really anxious and thinking, ‘What should I do about this matter?’”

Taking all data into consideration, the results are best interpreted in light of confounding variables: the visibility of the position for which the protagonist is being considered, and their closeness of relationship with the other characters. The person most likely be rejected was Marie. Although she was described as “attending services for almost a year,” as a job applicant she would more likely be viewed as a relative newcomer seeking a high status. Also, because she was applying for an official and visible position, “shame by association” was a risk to the reputation of the church as a whole, so the stakes of disregarding the rumour were high. Finally, the nature of the situation made it easy to reject Marie’s application without the unpleasantness of explaining the true reason.

In a similar vein, the nature of Lydia’s scenario and an apparent lack of previous relationship made it awkward to confront her about the rumour, and easier to overlook her as a personal mentor without her even knowing that she was being considered. Both of these cases highlight the power of negative labels and the subtle nature of status loss. Even the implication or rumour that protagonists bore devalued labels caused them to lose opportunities without being aware or without being given to understand why.

The protagonist least likely to be rejected outright was Joanna; she was also the one most likely to be asked directly about the rumour. She was seeking a volunteer position that was not as visible as Marie’s, and so the risk of “shame by association” was comparatively lower. Joanna was also described as “a responsible member of the church,” and could therefore be seen as a known protagonist with whom there was a

good relationship, making her easier to approach and more difficult to dismiss. These factors seemed to create a more comfortable avenue for dialogue.

Disconcertingly, Joanna was also the only protagonist who was granted participation yet viewed with suspicion or anxiety; this occurred when characters chose to accept her as a Sunday school teacher but avoided confronting her about the rumour. This can be understood as a coping mechanism; ignoring shame as if it doesn't exist is a way of escaping the contagious nature of shame. Broaching potential shameful subjects with others, even with helpful intentions, can be a painful experience; we empathetically feel their shame and may be ashamed of our own inadequacy to respond. Unfortunately, these evasive manoeuvres resulted in lost credibility and lost opportunity for Joanna to either exonerate herself or ask for help.

The decision to speak to others by seeking the intervention or direction of authority was not unique to rumoured protagonists and will be discussed in the following sections.

Those instances in which characters chose to verify the rumour directly with the protagonists might be considered the most healthy or least stigmatizing responses. The other 81% of reactions were complicated by a desire to avoid shame, exhibited by a concern for reputation and evasive coping mechanisms that were facilitated by a lack of close or comfortable relationships.

## 4.2 Stereotypes

### 4.2.1 Indicative language

The data yielded twenty-five instances of language indicating negative attributes linked to the protagonists' label. The stereotypes were explicit in the use of descriptors, and implicit in the actions of the vignette characters. They were classified according to thematic type, resulting in the following six stereotypes, detailed in descending order.

*Morally deficient* represents a substandard character or a bad influence. This quality was invoked six times in relation to all but two of the protagonists; the exceptions were Jon (self-admitted, recovery) and Samuel (self-admitted, active drinking): "If David's problem is well known in that area then perhaps [he will not be allowed to volunteer],

because people will expect different kinds of standards from a person who is fundraising for the church”; “Being an employee, working for the church is not like working in a secular job, but you are working in God’s house, and then certain rules and certain limits and certain criteria should be met.”

*Embarrassing* means “bringing confusion or shame.” This was used five times; it was reserved almost exclusively for David (self-admitted, early relapse), with one mention for Marie (rumoured, recovery): “Of course David would need some encouragement and support instead in an ideal world, and just not to protect the reputation of the church from some embarrassing situation”; “[Not allowing David to volunteer] would save his project, because he himself will become a bad testimony, taking somebody from a church who is a drunk. That will definitely damage the Christian image, very definitely damage Christ’s image.”

*Unpredictable* points to a changeable and unreliable nature. There were also five instances of this stereotype, three of them in reference to Joanna (rumoured, early relapse): “If she’s started drinking again she’s very unpredictable. You don’t know how is she going to turn up on a Sunday”; “Sometimes you can be sober and sometimes you can be bad. So it’s very bipolar; your mind can change totally with alcohol. So right now you tell me yes, but maybe tomorrow it’s going to be different.”

*Untrustworthy* means “lacking accuracy, honesty or credibility.” Three different protagonists were considered untrustworthy: “If you are employing someone you are responsible for how you use the money of the organization and how the work goes, so of course you have to find out if there’s something that hinders the person from being a good worker. Alcoholism is one of them. I don’t know if there’s any other way than just asking directly, and whether there’s a truthful answer or not, I don’t know.”

*Unstable* indicates a likelihood of failing or giving way. Three interview subjects felt that Jon (self-admitted, recovery) might be seen as unstable: “Jon has had a drinking problem before. He may be alright now and he is recovering ... but people may repeat their past weaknesses, and he wouldn’t wish that this girl would marry somebody that after a couple of years would start drinking again.”

*Incompetent* means “unable or incapable.” Three subjects also felt that David (self-admitted, early relapse) could be considered incompetent: “The deacon will be

disappointed because he may be drunk and he may not be able to help out and do what he's supposed to do"; "I think he would be worried that if he wants to drink, that he hasn't got the ability to see through."

Altogether, the protagonist David (self-admitted, early relapse) was the most stereotyped, implicated to be embarrassing, incompetent, morally deficient, unpredictable and untrustworthy in eleven of twenty-five instances. Joanna (rumoured, early relapse) was perceived as unpredictable and morally deficient in five instances; Marie (rumoured, recovery) was seen as untrustworthy, morally deficient and embarrassing in three instances; Jon (self-admitted, recovery) was considered unstable in three instances; Lydia (rumoured, active drinking) was viewed as untrustworthy and morally deficient in two instances; and Samuel (self-admitted, active drinking) was cited as unpredictable in one instance.

All of these stereotypes are commonly ascribed to alcoholics, with the interesting exception of "embarrassing," which is to bring shame by association. In a positive sense this indicates that the embarrassing party is indeed a member who belongs to the group; however, it also communicates an implicit request that their shameful traits should be kept hidden.

Again, the results are best understood by taking confounding variables into account: the degree to which the position being considered represents the church, and the protagonists' degree of belonging. David, who was described as "a long-time member" and Joanna, described as "a responsible member," would be seen as closely associated with the church. In addition, they were being considered for informal positions of leadership; therefore, their potential for embarrassing the church was high and they were judged most severely.

Marie, who "has attended services for almost a year," was seeking a formal position with the church, but her lesser degree of association and status as a job applicant made it easy to dismiss her; since she posed less of a risk she was judged less harshly. Jon and Lydia both had lesser or unknown degrees of association, and were being considered for personal relationships which did not represent the church; consequently they received few negative descriptions. Finally, Samuel was the subject of only one stereotypical statement.

It is interesting that Samuel should be the protagonist who was treated most generously; he was almost completely exempt from both stereotypes and status loss. This is remarkable because Samuel, as a self-admitted active drinker, was the only protagonist to whom the vignettes attached a negative condition to his current sobriety status: his wife complained he was often drunk and her home life was miserable.

As with the others, Samuel's treatment is understandable by regarding his degree of belonging and the position considered. Samuel was an outsider who was being considered for joining a small group with the intention that he should receive help. As such, he did not belong, did not represent the church at all, and therefore posed no risk to their reputation. Conversely, as an object of compassion, Samuel provided an opportunity for the church to confirm their identity and reputation if they could minister to him successfully. Since he represented an opportunity and not a threat, he was welcomed warmly.

#### 4.2.2 Contraindicative language

The data was perused for language that would contraindicate negative stereotypes; by this was meant a complete disavowal of stereotypes (i.e. "I don't agree with stereotypes"), or alternately, linking the protagonists' label to a positive attribute (positive stereotype). Only two examples of contraindicative language were found, both referring to Jon (self-admitted, recovery): "I think first of all that going and taking care of this issue for a year, that shows character, and that shows a desire to do well, so yes, I think he's a good person"; "I think most of the guys that go to those meetings are quite sensible in what they do."

### 4.3 Separation

#### 4.3.1 Indicative language

As previously mentioned, the subjects' use of labels indicated separation eight times with the use of "them" language, and contraindicated separation with an equal usage of "us" language. However, there are several reasons for assessing these results as invalid or inconclusive. Primarily, there is no way to determine if the subjects were

spontaneously generating their own language, or following the precedent of “us” terminology set by the vignettes; therefore, their usage of “us” labels may be seen as invalid.

Furthermore, many subjects used both “us” and “them” labels, sometimes even in the same sentence, producing ambiguous results. In the absence of direct observation or blatant declarations of separation, searching for linguistic evidence seems insufficient to substantiate separation; therefore, the results may be seen as inconclusive.

#### 4.3.2 Contraindicative language

Conversely, there were six statements indicating an “us” mentality that did not employ labels, and so may be regarded as unprecedented and valid: “I don’t think this problem is any different from other problems”; “Everybody has their problems, be it alcohol or abuse or all kinds of things, and I don’t think we can exclude anyone because he has this issue”; “I think everybody deserves a second chance”; “Everything is fine because everybody sins and everybody has got over them.”

Furthermore, the stereotype of “embarrassing” also indicates an “us” mentality, though its implied demand for secrecy creates a vulnerable and precarious sense of belonging.

### 4.4 Status Loss

#### 4.4.1 Indicative language

Status loss was identified when the interview subjects portrayed the vignette characters’ actions and/or their ideals in a way that resulted in the protagonists losing social capital. This was the strongest component of stigma with forty-six instances. They were divided into five thematic categories, listed below in order of dominance.

*Loss of reputation* occurred when the characters were depicted as speaking to others about the protagonists’ admitted or presumed alcohol issue, without the protagonists’ knowledge or consent. Loss of reputation was the case in sixteen of forty-six instances. All protagonists but Samuel (self-admitted, active drinking) suffered loss of reputation: “I think he will seriously consider telling the daughter about it as a churchgoer because

we know that recovering alcoholics might have problems later on”; “He might go speak to the pastor and say, ‘Pastor, a friend of mine has told me that Joanna that’s been recovering is again ending up in the line at Alko.’”

*Loss of volunteer opportunity* happened when David (self-admitted, early relapse) was precluded from service seven times and Joanna (rumoured, early relapse) four times: “I don’t think [the deacon] will allow this heavy drinker to do it, because organizing things like that is hard work and involves money, and there’s also the reputation, and if somebody is a drunkard and other people notice it, then it doesn’t look good”; “If he’s an average churchgoer he might think that the lady might be a bad example to the children, that somehow it might show up and the children might know about it and it might effect them in a negative way.”

*Loss of equal employment opportunity* was the outcome eight times for Marie (rumoured, recovery): “She will probably try to hide the details of the information, but say that she has reservations about this applicant”; “She may look into that direction like, ‘[Marie] has lost her previous job because of that, so why should I take the risk of bringing her, especially when it’s a Christian organization?’”

*Loss of social opportunity* was the result in six instances when characters decided not to ask Lydia (rumoured, active drinking) for advice, and once regarding Samuel (self-admitted, active drinking): “She might think that this lady has a habit of drinking ... and that not being one of the virtues of Christian life she might want somebody else if she’s serious about mentoring”; “He may be willing to take Samuel into his group, but pressure could also come from other members, because there are some people who really think that as a Christian you don’t have to entertain drunkards at all.”

*Loss of credibility* was recognized four times when Joanna (rumoured, early relapse) was granted participation but viewed with anxiety or misgiving: “If this neighbour is serious and says this woman has been drinking, you have to be very careful with that and tell [Joanna], ‘Okay, if you want to be with children, then I want to know more about you, what are you doing, how is it going, if you have any kind of problems’”; “Giving people chances is a big thing in their recovery and if they are rejected, I think that may drive them back to the alcohol. I would say that he should allow [Joanna] to do it, but keep an eye on her.”



Again underlining the subtle nature of status loss and the powerful compulsion to avoid shame, in the majority of responses, the protagonists were either unaware that they were losing status, or were not informed of the true reasons. The type of status loss was directly correlated with the type of position for which the protagonists were being considered, with the exception of loss of credibility, which has already been discussed, and loss of reputation.

With few exceptions, loss of reputation occurred when characters sought direction or intervention from authority figures, or reported protagonists as if to the police. In doing so they discussed the real or supposed problems of the protagonists without their knowledge or consent and without trying to talk to them first. This is especially problematic, because most subjects seemed to feel that the vignette characters were behaving wisely or dutifully in doing so, and in most instances it was framed as an ideal response.

It would have been commendable if characters who were genuinely perplexed by a moral dilemma had sought experienced counsel, if they were careful not to unduly expose the protagonists in question. However, this is not the way the responses were framed. It is also understandable when characters who were not familiar with the protagonist dodged potentially offensive or awkward conversations by asking religious professionals to do the difficult work of relationship for them. This response may be better than shunning the protagonists or treating them as if they were invisible, however, it is not the wisest or most dutiful course of action. In fact, it contravenes the explicit directions of Christ:

*“If your brother or sister sins, go and point out their fault, just between the two of you. If they listen to you, you have won them over. But if they will not listen, take one or two others along, so that ‘every matter may be established by the testimony of two or three witnesses.’ If they still refuse to listen, tell it to the church; and if they refuse to listen even to the church, treat them as you would a pagan or a tax collector.” Mat. 18:15-17, NIV*

At every step in this process, Jesus is concerned with limiting exposure and protecting the status and dignity of those who are actual offenders; undoubtedly, this applies as well to those who are only rumoured to be offenders or whose offenses are in the past. No doubt this is difficult; taking the first steps demands that we overcome fear and the compulsion to avoid embarrassment. This not just a corrective method, but also a way

of promoting responsible, face-to-face relationships, and the premature intervention of authority is a miscarriage of the community building process.

This passage will be referred to again in our ensuing discussion of I Cor. 5:11-13 and reintegrative shame.

#### 4.4.2 Contraindicative language

There were eleven statements contraindicating status loss despite acknowledgement of the protagonists' label and sobriety status. The majority – eight – were in reference to Jon (self-admitted, recovery), then David (self-admitted, early relapse): “If he knows that he’s really changing and he’s committed to change then it doesn’t matter that he’s been alcoholic before”; “Just based on his professional qualities and abilities I think that he could still be a good person to do that and that [the deacon] could see it that way.”

Jon was also the only protagonist attributed with positive stereotypes; although some characters saw him as unstable and he suffered from loss of reputation, his honesty and efforts to improve himself made a favourable impression on many subjects.

### 4.5 Reality and Ideals

#### 4.5.1 Reality

In this section we look at the specific reasons given in answer to the question “why?” when subjects said the vignette characters would act in a way that resulted in stereotypes or status loss. There were twenty-five statements that fell under four broad categories:

The *purity and reputation of the church* were the prime concern in nine scenarios.

David (self-admitted, early relapse) and Marie (rumoured, recovery) were most often cited: “This deacon is only thinking about the reputation of the church and not about David”; “She’s thinking, ‘[What] if this would happen again in a church, that this lady would be working for the church and it would be found out that she has a continuous drinking problem?’”

*A lack of close relationship* was the root issue behind another nine instances, mostly involving Lydia (rumoured, active drinking): “If she doesn’t have any relationship with Lydia, if she’s a newcomer, I think she will be frightened out of her wits, like, ‘Is this what Christians do?’”

*Protecting the church and its members* was motivated by concerns for personal wellbeing and the practical functioning of the church in five cases: “Working for God whether paid or not paid is an important matter which then effects so many other people and so many other things that it should not be taken lightly”; “Because it’s about the whole life of the girl, what’s going to happen to her ... this is a risk, and so I think the girl should be aware of the risk also.”

*Spiritual immaturity* was cited twice, in regard to Samuel (self-admitted, active drinking) and Jon (self-admitted, recovery): “If such a person is in the group he would be totally negative, like, ‘No, no, no; he cannot be in our group because he drinks. We have to be perfect, because we are here to build each other, we are learning the Bible.’ Their concept of helping each other may be totally different.”

These results support the analysis presented so far: David and Marie were being considered for high profile positions and represented a risk to the purity and reputation of the church; a lack of relationship with Lydia and others made them easy to dismiss; stereotypes of morally deficient, unpredictable, untrustworthy, unstable and incompetent posed a threat to the wellbeing of individuals and the practical functioning of the church. Finally, a few of those who obstructed the more favoured protagonists, Samuel and Jon, were considered spiritually immature.

#### 4.5.2 Ideals

Here we examine the subjects’ responses when asked for the ideal resolution to the vignette scenarios. Some spoke solely in terms of ideals, and some spoke more of their ideals than their perceptions of reality, and so at sixty-four statements, idealistic language nearly tripled realistic language. A minority of these could be construed as stigmatizing, forming the final two of five themes:

*Face-to-face relationship* was the overwhelming desire with twenty-six instances. Every interview subject mentioned the need for courage and openness to talk to each

other: “I think the first step would be to go and talk to the gentleman who said he had a drinking problem. I think he should go to Jon and say, ‘Here we have an issue;’ be open and frank about it”; “I think that she should ask it straight from Lydia, or somehow bring it up either directly or indirectly so that she has a chance to hear about this issue from Lydia herself”; “We’re too scared to directly confront people and ask them about their situation; she should ask her herself.”

*Supporting members* was another strong theme with fifteen statements. The need for practical help and support was sometimes contrasted with being judgemental or being concerned for the reputation of the church: “If he would be really responsible he would be thinking not only about the Sunday school or reputation of the church, but about Joanna’s life and trying to find out if she is really facing some temptations, if she needs help with that, and if the church or he himself could support her in that”; “She should ask if there’s anything she can help with, not in a judgemental attitude, but ask if there is an issue where she or others in the church with more experience in that area could help.”

*Trusting, respecting, and giving members a chance* was encouraged in twelve cases: “I would tell her, ‘He’s a very interesting guy and it would be good to know him,’ and I wouldn’t tell anything about [his AA attendance] because it’s very personal, and I don’t see a problem with it; they don’t need to know that from the very beginning”; “Basically, I think we should give people the chance for new beginnings. I don’t think we should label them as something for the rest of their lives, and not allow them to do something because they have made some mistakes and have a weakness.”

In six instances, *protecting the church and its members* was an ideal response: “It would be ... saving him from maybe even further embarrassment with this publicity campaign, and maybe save the church as well from the matter becoming more public”; “If I would be in a social situation where I know somebody and my friend would ask, ‘What do you think about his guy,’ I would most probably say that maybe you should talk with him about this problem.”

In five instances, *seeking the intervention of authority* was an answer: “I think it would be a good thing to go and speak to somebody in the church who’s in an authority position that could channelize and try to get help for Lydia”; “He should pray for the

matter, and I think he should mention about [Joanna being seen at Alko] in the church council.”

The resounding call for face-to-face relationship, trust, respect, and support without shame or judgement speaks to the innate longing for our original habitat and ideal state of being – embedded in open, loving, interdependent relationships. It is outside the scope of this study to plot a course toward that goal, but the encouraging abundance of idealistic language demonstrates a strong vision of “what kind of church we need to be in order to deal effectively with the brokenness of people.”

Regarding the final two themes: the protection of the church and the intervention of authority are actions that are sometimes needed, and when they are motivated by love they belong to an ideal Christian vision. In such cases, the end result would not be marginalizing or prematurely exposing others out of a concern for reputation or a desire to avoid an awkward encounter.

#### 4.6 I Corinthians 5:11-13

In our final segment we analyse responses to the following passage:

*But now I am writing to you that you must not associate with anyone who claims to be a brother or sister but is sexually immoral or greedy, an idolater or slanderer, a drunkard or swindler. Do not even eat with such people. What business is it of mine to judge those outside the church? Are you not to judge those inside? God will judge those outside. “Expel the wicked person from among you.” I Cor. 5:11-13, NIV*

The larger context of these verses describe an incident in which a member of the church at Corinth was sleeping with his father’s wife, and the congregation was apparently very proud and boasted about it; this particular situation instigated the above command.

##### 4.6.1 Four separate themes

The subjects were asked their opinion of the meaning and purpose of the passage. Data from all twelve subjects fell into four themes, with some respondents expanding on more than one theme. They are presented below in descending order.

A concern for *moral contamination* was expressed six times: “If things which are wrong are seen to be accepted by the church by actions, then there’s a danger that it will spread in the church and more people will be contaminated and get a problem.” This concern was often mentioned in concert with a desire to protect those who are weak or new to the faith.

Five statements indicated the command must be meant *only for hard cases*: “He means someone who does not repent, someone who really enjoys that and does not want anything to do with God. So if that’s the case, for someone who claims to be a believer but is living a double life, lying, getting intoxicated with alcohol but does not want to deal with this, that’s what the Bible says and we should follow it, absolutely. But in most cases people are not that way.”

Four allowed that this was *a hard verse to follow*: “A really rough verse and advice. It doesn’t work like that in our culture, unfortunately. It’s very difficult to follow that”; “If I see the example of Jesus, he was with these people. He was eating with them.” The difficulty was found in the difference between ancient and modern cultures, or in the apparent contradiction between the command to expel the offenders, and Jesus’s desire to receive them.

Three comments said the offenders were *damaging the testimony of Christ*: “Firstly we are sinning against God by allowing this person to effect the testimony he gives of Jesus Christ to other people and other churches, so certainly, get rid of the person, get him out of the church.” This theme speaks of the confusing and embarrassing message sent to non-believers or outsiders when offenders are left unchecked.

Taken individually, some of these themes may send daunting messages to a person struggling with alcoholism and shame. Certainly, the idea of being a moral contaminant that must be excised for the good of the body is a stigmatizing message of exile; the same is true for being an embarrassment that must be cleansed so the testimony of Jesus can prosper. Even the disclaimer that only hard cases should be expelled can cause uncertainty. Who is a hard case? Many alcoholics who feel powerless in the grip of addiction would fear that they are a hard, if not impossible, case.

In spite of these negative points, it is suggested that a coherent model of intervention and reintegrative shame can positively address all four themes and allay any fearful and uncertain messages.

#### 4.6.2 A model for intervention

In conjunction with Mathew 18:15-17, the Corinthian command to expel offenders can be seen as a final “tough love” step in a process that has similarities to modern intervention. Someone close to the alcoholic expresses her concern one-on-one; if that doesn’t produce beneficial results she brings support, perhaps several friends or family members; if that fails it may then escalate to the church authorities. At any point the alcoholic may admit their problem and ask for help. However, if they are a “hard case” and balk at the highest level of pressure, expelling them - or as Jesus said, “treating them like a pagan or tax collector” - is the next measure. This does not mean treating them badly; the most salient issue is that they are outside the circle of table fellowship and communion. This last step becomes an act of reintegrative shame if a “rite of expulsion” is performed in a way that marks a clear path for the repentant alcoholic to return and be fully welcomed.

Reintegrative shame, as any form of justice, is not without controversy. Its critics claim that it is ineffective or harmful outside close-knit, interdependent communities. Many echo the sentiments of our third theme in doubting such environments exist in postmodern culture (Pattison 2000, 147-151), and certainly this is a challenge to the church. Nevertheless, the important point behind this understanding of scripture is that reintegrative shame is primarily concerned with restoring the offender, not excising him from the community; its message is, “You are capable of better things,” not, “You are a contaminant.”

There is good reason to believe that this interpretation of I Corinthians 5:11-13 is more than hopeful revisionism. We cannot know the details of the edict’s execution, but in 2 Corinthians 2:7-8, it is reported that the man who was expelled for sleeping with his father’s wife had returned to the church. They were instructed: “Now instead, you ought to forgive and comfort him, so that he will not be overwhelmed by excessive sorrow. I urge you, therefore, to reaffirm your love for him” (2 Cor. 2:7-8, NIV). Since its effects

were restorative rather than stigmatizing, it may safely be considered an act of reintegrative shame in the nascent church.

## 5 CONCLUSION

The question that motivated this study was, “What messages might a person struggling with alcoholism and its associated shame receive about her place and her value in the IEC church community?”

In answer, the results of this research do not indicate that stigma proper exists according to Link and Phelan’s four-part conceptual model, because there is no substantial evidence for separation, and some evidence of an “us” mentality. However, there are strong components of stereotypes and status loss, and we find that the label of alcoholism has the power to devalue people even when it is only a rumour.

Stereotypes and status loss were often mediated by a desire to avoid shame, manifested in a concern for the reputation of the church, and evasive coping mechanisms that were facilitated by a lack of close or comfortable relationships. Protecting the church and its members from spiritual and practical harm was also a motivating factor.

Confounding variables effected different results. People with a higher degree of belonging who were being considered for formal or informal positions of responsibility were considered a greater risk of embarrassment and harm, and were treated more severely. People with a lesser degree of belonging who were being considered for personal relationships were considered a lower risk, and were treated more generously.

The explanations of I Corinthians 5:11-13 yielded some ideas that would cause shame or anxiety when divorced from a reintegrative context; an interpretation of the scripture as a model of intervention was suggested as a remedy.

Finally, a wealth of idealistic language provides a clear and healthy vision for the type of church needed to deal effectively with the brokenness of people and carry out the ministry of restoring the shamed. Trust, respect, support without shame or judgement,



and face-to-face relationships represent the home country. This research has partly mapped our current location; the next question is, “How do we get there from here?”

## 6 PERSONAL REFLECTION

The greatest gift I’ve carried away from this research project is an understanding of the hidden potency of shame, a topic I’ve never before studied; I read much more about it than the information presented in these pages. It has shed new light on my own behaviour, that of others and group dynamics, and it has enriched my reading of scripture.

In the past, certain behaviours have been a challenge to my understanding and patience, but seeing them as rooted in shame helps me have compassion, and inspires me to treat the root rather than the behaviour. This is undoubtedly an asset for personal and professional development. My desire would be to continue the study of shame with further education, and to find practical applications for the healing of individual and corporate shame.

## REFERENCES

- Atzmuller, Christiane and Steiner, Peter 2010. Experimental Vignette Studies in Survey Research. *European Journal of Research Methods for the Behavioral and Social Sciences* 6, 128-138.
- Bible: New International Version, Biblica, 2011.
- Björkman, Tommy; Svensson, Bengt and Lundberg, Bertil 2007. Experiences of Stigma among People with Severe Mental Illness: Reliability, Acceptability and Construct Validity of the Swedish Versions of Two Stigma Scales Measuring Devaluation/Discrimination and Rejection Experiences. *Nordic Journal of Psychiatry* 61 (5), 332-338.
- Bonhoeffer, Dietrich 1959. *Creation and Fall*. New York, MacMillan.
- Bradshaw, John 2005. *Healing the Shame that Binds You*. Deerfield Beach, Health Communications, Inc.
- Braithwaite, John 1989. *Crime, Shame and Reintegration*. Cambridge, Cambridge University Press.
- Crisp, AH; Gelder, MG; Rix, S; Meltzer, HI and Rowland, OJ 2000. Stigmatisation of People with Mental Illness. *British Journal of Psychiatry* 177, 4-7
- Dunnington, Kent 2011. *Addiction and Virtue: Beyond the Models of Disease and Choice*. Strategic Initiatives in Evangelical Theology. Downers Grove, Intervarsity Press.
- Elo, Satu and Kyngäs, Helvi 2007. The Qualitative Content Analysis Process. *Journal of Advanced Nursing* 62 (1), 107-115.
- Ganong, Lawrence H and Coleman, Marilyn 2006. Multiple Segment Factorial Vignette Designs. *Journal of Marriage and Family* 68, 455-468.
- Glass, Joseph E; Kristjansson, Sean D and Bucholz, Kathleen K 2013. Perceived Alcohol Stigma: Factor Structure and Construct Validation. *Alcoholism: Clinical and Experimental Research* 37, 237-246.
- Goffman, Erving 1986. *Stigma: Notes on the Management of Spoiled Identity*. New York, Simon & Schuster, Inc.
- Goodson, Lisa and Phillimore, Jenny 2012. Community Research: Opportunities and Challenges. In Goodson, Lisa and Pillimore, Jenny (ed.): *Community Research for Participation: From Theory to Method*. Bristol, The Policy Press.
- Gray, Rebecca 2010. Shame, Labeling and Stigma: Challenges to Counseling Clients in Alcohol and Other Drug Settings. *Contemporary Drug Problems* 37, 685-703.

Hughes, Rhidian and Huby, Meg 2001. The Application of Vignettes in Social and Nursing Research. *Journal of Advanced Nursing* 37, 382-386.

International Evangelical Church in Finland. What We Believe. Accessed 14<sup>th</sup> of October 2013. <http://www.church.fi/about-us/what-we-believe>.

Kaufman, Gershen 1996. *The Psychology of Shame: Theory and Treatment of Shame-based Syndromes*. New York, Springer Publishing Company, Inc.

Keyes, KM; Hatzenbuehler, ML; McLaughlin, KA; Link, B; Olfson, M; Grant, BF and Hasin, D 2010. Stigma and Treatment for Alcohol Disorders in the United States. *American Journal of Epidemiology* 172, 1364-1372.

Link, Bruce G and Phelan, Jo C 2001. Conceptualizing Stigma. *Annual Review of Sociology* 27, 363-385.

Livingston, James D; Milne, Teresa; Fang, Mei Lan and Amari, Erica 2011. The Effectiveness of Interventions for Reducing Stigma Related to Substance Use Disorders: a Systematic Review. *Addiction* 107, 39-50.

Mullen, B; Salas, E and Driskell, JE 1989. Salience, Motivation, and Artifact as Contributions to the Relation between Participation Rate and Leadership. *Journal of Experimental Social Psychology* 25, 545-559.

National Association for Christian Recovery. Recovery Ministry in the Local Church. Accessed 19<sup>th</sup> of September 2013. <http://www.nacr.org/wordpress/196/recovery-ministry-in-the-local-church>. Printed and filed by the author.

National Institute on Alcohol Abuse and Alcoholism 2007. Researchers Identify Alcoholism Subtypes. Accessed 31<sup>st</sup> of July 2013. <http://www.niaaa.nih.gov/news-events/news-releases/researchers-identify-alcoholism-subtypes>. Printed and filed by the author.

O'Connor, LE; Berry, JW; Inaba, D; Weiss, J; Morrison, A 1994. Shame, Guilt and Depression in Men and Women in Recovery from Addiction. *Journal of Substance Abuse Treatment* 11, 503-510.

O'Dell, Lindsay; Crafter, Sarah; de Abreau, Guida and Cline, Tony 2012. The Problem of Interpretation in Vignette Methodology in Research with Young People. *Qualitative Research* 12, 702-714.

Paddam, Anisha; Barnes, David and Langdon, Dawn 2010. Constructing Vignettes to Investigate Anger in Multiple Sclerosis. *Nurse Researcher* 17, 60-73.

Palamar, Joseph J 2011. A Pilot Study Examining Perceived Rejection and Secrecy in Relation to Illicit Drug Use and Associated Stigma. *Drug and Alcohol Review* 31, 573-579.

Pattison, Stephen 2000. *Shame: Theory, Therapy, Theology*. Cambridge, Cambridge University Press.

Potter-Efron, Ronald 2002. *Shame, Guilt, and Alcoholism: Treatment Issues in Clinical Practice*. 2<sup>nd</sup> edition. New York, The Hawthorn Press.

Randles, Daniel and Tracy, Jessica L 2013. Nonverbal Displays of Shame Predict Relapse and Declining Health in Recovering Alcoholics. *Clinical Psychological Science* 1, 149-155.

Smart, Marcia 2010. *The Hidden Power of Informal Leadership*. USA, Xulon Press.

Stockitt, Robin 2012. *Restoring the Shamed: Towards a Theology of Shame*. Eugene, Wipf and Stock Publishers.

Tangney, June Price and Dearing, Ronda L 2002. *Shame and Guilt*. New York, The Guilford Press.

Wells, M; Bruss, KV and Katrin, S 1998. Abuse and Addiction: Expressions of a Wounded Self and Internalized Shame. *Psychology: A Journal of Human Behavior* 35, 11-14.

Wiechelt, Shelly A and Sales, E 2001. The Role of Shame in Women's Recovery from Alcoholism: The Impact of Childhood Sexual Abuse. *Journal of Social Work Practice in the Addictions* 1, 101-116.

Wiechelt, Shelly A 2007. The Specter of Shame in Substance Misuse. *Substance Use & Misuse* 42, 399-409.

## APPENDIX 1

### Vignette 1 – (rumoured, active drinking)

Emma is a first time mother with questions about childcare, and she's hoping that an experienced woman at church could be her mentor. She has been planning to ask advice from Lydia, who has three young children at home. During Sunday school, Lydia's son shows Emma a picture he drew of his mommy laying on the couch with a can of beer.

If Emma is an average churchgoer, do you think she will ask parenting advice from Lydia? What do you think she will do? Why? Do you think her reasons are good? What should she do ideally? Why?

### Vignette 2 – (self-admitted, recovery)

Michael has become friends with a member named Jon and they regularly talk during the coffee hour after service. One day, Jon tells Michael that he's been going to Alcoholics Anonymous for about a year because he used to have a severe drinking problem. Shortly after that, the pastor's daughter takes Michael aside and tells him that Jon has invited her out to dinner; she asks Michael for his opinion of Jon because they are friends.

If Michael is an average churchgoer, do you think he will recommend Jon to the pastor's daughter? What do you think he would say? Why? Do you think his reasons are good? What should he do ideally? Why?

### Vignette 3 – (rumoured, early relapse)

Matthew is on the church leadership team and he is trying to recruit more teachers for Sunday school. A woman named Joanna volunteers; she's been a responsible member and in the past she's shared her story about how she was set free from alcohol addiction. Matthew has a friend who lives in Joanna's neighbourhood, and he tells Matthew that in the last month he's seen Joanna in the checkout line at the local Alko.

If Matthew is an average churchgoer, do you think he will allow Joanna to teach Sunday school? What do you think he will probably do? Why? Do you think his reasons are good? What do you think he should do ideally? Why?

### Vignette 4 – (self-admitted, active drinking)

Paul leads a home group at his apartment where he lives with his wife and two small children. One day, Paul is approached by the wife of a man named Samuel. Samuel used to attend church regularly, but stopped going after admitting that he could not quit drinking. Samuel's wife reports that he is drunk many evenings and weekends, and her home life is miserable. She wishes that another man could have a good influence on her husband, and she asks Paul if he would bring Samuel to his home group.

If Paul is an average churchgoer, do you think he will invite Samuel into his home? What do you think he will do? Why? Do you think his reasons are good? What should he do ideally? Why?

Vignette 5 – (rumoured, recovery)

Sara is on the church board and is responsible for helping select a new employee. One of the applicants, Marie, has been attending services for almost a year. One of Sara's colleagues used to work with Marie at her last job. She informs Sara that Marie lost her position after showing up to work intoxicated, and afterwards she entered a clinic for treating alcohol addiction.

If Sara is an average churchgoer, do you think she will give Marie's application equal consideration? What do you think she will do? Why? Do you think her reasons are good? What should she do ideally? Why?

Vignette 6 – (self-admitted, early relapse)

Stephen is a deacon and needs an experienced organizer for an important fund-raising event that will be featured on a local TV program. He asks David, a long-time member whose career included professional publicity and charity work. David tells Stephen that he would be interested, and admits that since retirement he has returned to heavy drinking after many years of abstinence.

If Stephen is an average churchgoer, do you think he will allow David to organize the event? What do you think he will do? Why? Do you think his reasons are good? What should he do ideally? Why?